PART B – FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:			Mail	Commissioner for Pa PO Box 1450 Alexandria, Virginia				
correspondence address indicating a separate "F	as indicated unless EE ADDRESS" for m	corrected below or distintenance fee notification	irected otherwise in ations.	and n Block		Blocks 1 through 5 shou ance fees will be mailed new correspondence add		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 49443 7590 12/10/2007					Fee(s) Transmittal. This certificate cannot be used for domestic mailings of the accompanying papers. Each additional paper such as an assignment or			
PEARL COHEN ZEDEK LATZER, LLP 1500 BROADWAY, 12TH FLOOR NEW YORK, NY 10036					formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilie transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's Name)			
							(Signature) (Date)	
APPLICATION NO. FILING DATE FIRST NAME			D INVENTOR		TORNEY DOCKET NO.	CONFIRMATION NO.		
10/716,426	0/716,426 11/20/2003 Eli KRITCHMAN				P-3403-US1	6957		
TITLE OF INVENTION:				PORT	ING THREE DIMENSI	ONAL OBJECTS		
		FEE DUE PUBLIC 720	\$300	PRE	EV. PAID ISSUE FEE \$0	TOTAL FEE(S) DUE \$1,020	DATE DUE	
EXAMIN					3	\$1,020	03/10/2008	
TENTONI, L		ART UNIT 1791	CLASS-SUBCLA 264-494000	ASS	_			
1. Change of correspond Address" (37 CFR 1.363) Change of correspondence Address "Fee Address" india PTO/SB/47; Rev 03-02 Customer Number is reasonable.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed. 2 PON THE PATENT (print or type)							
PLEASE NOTE: Unle filed for recordation as se	ss an assignee is iden	tified below, no assign	nee data will annear o	n the n	atent If an accionagic	identified below, the docu	ment has been	
(A) NAME OF ASSI	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
OBJET GEOMETRIES LTD.			Rehovot, Israel					
Please check the appropriate as	Signee category or cate	gories (will not be pring	tod on the materials.		1.1.576		_	
4a. The following fees(s):	gories (wan not be prant	4b. Payment of Feet	syment of Fee(s):					
	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.							
☐ Advance Order - #	☑ The Director is hereby authorized to charge the required fee(s), or credit any overpayment to Deposit Account Number 50-3355 (enclose an extra copy of this form)							
5. The following fees(s) are	enclosed:		overpayment to Dep	osit A	ccount Number 50-335	5 (enclose an extra copy	of this form)	
a. Applicant claims S.	MALL ENTITY status.	See 37 CFR 1.27	☐ b. Applicant is	no long	ger claiming SMALL EN	TITY status. See 37 CFR 1.	27(g)(2).	
NOTE: The Issue Fee and or other party in interest as	S shown by the record	quired) will not be act of the United States	cepted from anyone of Patent and Trademark	ther th k Offic	an the applicant; a registe.	stered attorney or agent; o	r the assignee	
Authorized Signature:				Date:	March 6, 2008			
Typed or printed name: 2	Registration Number: 60,234							
This collection of informa USPTO to process) an app including gathering prepar on the amount of time you Patent and Trademark Off FORMS TO THIS ADDRI Under the Paperwork Redu	ing, and submitting the require to complete fice, U.S. Department ESS. SEND TO: Com	ne completed applications this form and/or sug of Commerce, P.O. I missioner for Patents	ion form to the USPT gestions for reducing Box 1450, Alexandri P.O. Box 1450, Alexandri	FR 1.1 O. Ting this b a, Virg	4. This collection is est ne will vary depending burden, should be sent tignia 22313-1450. DO 1	imated to take 12 minutes on the individual case. As to the Chief Information NOT SEND FEES OR CO	to complete, ny comments Officer, U.S. OMPLETED	